POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	R.H.	2292	3/14/00
O.I.P.E. CLASSIFIER	M X~	69	07-17-00
FORMALITY REVIEW		04133	5/29/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
—	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim (Final)	Claim (Original)	Date
	1	÷ ✓ ✓
	2	✓ ✓
	3	✓ ✓
	4	✓ ✓
	5	✓ ✓
	6	✓ ✓
	7	✓ ✓
	8	✓ ✓
	9	✓ ✓
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	11	÷ ✓ ✓
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	28	✓ ✓
	29	÷ ✓ ✓
	30	÷ N ✓
	31	÷ N ✓
	32	÷ N ✓
	33	÷ N N
	34	✓ ✓
	35	✓ ✓
	36	✓ ✓
	37	✓ ✓
	38	✓ ✓
	39	✓ ✓
	40	✓ ✓
	41	✓ ✓
	42	÷ ✓ ✓
	43	÷ ✓ ✓
	44	÷ N ✓
	45	÷ ✓ ✓
	46	✓ ✓
	47	✓ ✓
	48	✓ ✓
	49	✓ ✓
	50	✓ ✓

Claim (Final)	Claim (Original)	Date
	51	÷ ✓ ✓
	52	✓ ✓
	53	÷ ✓ ✓
	54	÷ ✓ ✓
	55	÷ ✓ ✓
	56	✓ ✓
	57	✓ ✓
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Claim (Final)	Claim (Original)	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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